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5420 Ser 02/077 23 Jan 04

From: Deputy Director, TRICARE Mid-Atlantic Region

Subj: POPULATION HEALTH CASE MANAGEMENT STANDARDS

TRAINING AND WORKGROUP SESSIONS

Encl: (1) Registration/Fund Application Form

(2) Quota List with Suggested Attendees

- 1. TRICARE Mid-Atlantic Region (TMAR) will host Case Management (CM) Standards training and Population Health Workgroup sessions on **24 February and 25 February 2004**, at Seymour Johnson Officer's Club, Seymour Johnson Air Force Base, North Carolina. With the next generation of TRICARE contracts the military treatment facilities (MTFs) assume added responsibility for case management. In conjunction with focused workgroup sessions occurring both days, the opening day will feature a full day of Case Management standards training, facilitated by experts from the Case Management Society of America and American Accreditation Healthcare Commission (URAC). This activity is segmented to provide separate educational group opportunities for Medical Directors, Pharmacy, Health Promotion, Case Management and Utilization Management personnel.
- 2. Enclosure (1) must be completed by **13 February 2004.** Quotas have been allocated to each command and outline distribution. TMAR will provide the fund cite for the quota of individual traveling to Seymour-Johnson for the working conference.
- 3. Each MTF is requested to identify a point of contact (POC) to coordinate the registration forms for your command. This person will be responsible for assuring the completeness of registration forms and fund cites (where applicable), along with coordination of travel, as TMAR will only fund one vehicle per five attendees from each command.
- 4. To expedite registration, please forward your POC's name, contact information and all fund cite registration forms to: Mrs. Raquel Velazquez at Raquel.Velazquez@mh.tma.med.navy.mil or Mrs. Ruby Johnson at Ruby.Johnson@mh.tma.med.navy.mil or fax to (757) 314-6481. For any registration questions please contact Mrs. Velazquez at (757) 314-6493 or Mrs. Johnson at (757) 314-6456.
- 5. Attendees who do not have a DoD vehicle registration sticker and need base access for their vehicle should provide the following information: full name, command name and phone number, date of arrival, vehicle make, model, license number, and state of licensure.

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6. Thank you for your ongoing collaborative efforts in working with the Lead Agent. I appreciate your support in disseminating this opportunity to your staff and facilitating participation.

CARLOS A. TORRES CAPT, NC, USN

Distribution:

TRICARE Mid-Atlantic MTF Commanders
TRICARE Mid-Atlantic Medical Director Board
TRICARE Mid-Atlantic Pharmacy Board
Humana Military Health Service



Registration Deadline

13Feb 04

POPULATION HEALTH WORKGROUP SESSIONS AND CASE MANAGEMENT STANDARDS TRAINING REGISTRATION AND FUND CITE REQUEST APPLICATION FORM SPONSORED BY TRICARE MID-ATLANTIC (TMAR) POPULATION HEALTH DIRECTORATE

Date: 24 February and 25 Religions (14 Lacation Seymon) Juliuson Officers Chilis

REGISTRATION: There is <u>no registration fee</u>. However, pre-registration is required. To register, complete and return to TMAR via fax to Raquel Velazquez or Ruby L. Johnson at (757) 314-6481. For further information please contact Mrs. Raquel Velazquez or Ruby L. Johnson at (757) 314-6441, DSN 565-0386 x 6441.

Travel Funding Request (fund	cite*) by TMAR Yes No_	
* If yes, complete both the top regis	stration section and the bottom fund cite applica	ntion section and return to TMAR via fax to
Raquel Velazquez or Ruby L. John.		I plan to attend the following
	First: MI:	Focus Work Group Day One
	E (specify civil service or MCSC):	□ Case Management Standards
POSITION TITLE:	Training (35 Participants) □ Pharmacy	
SOCIAL SECURITY NUMBER	ER (required):	☐ Medical Directors (Invitation only
COMMAND/AGENCY:	Division/Department:	 Focus Work Group Day Two:
FULL COMMAND/AGENCY	Focus Work Group Day Two:	
		□ Health Promotion
		□ UM TNEX Transitional Issues □ Product Standardization
EMAIL ADDRESS (attendee):		4
PHONE (attendee):	DSN (attendee):	FAX (attendee):
*COMMAND FAX (Travel Co	oordinator POC/for fund cite):	
*COMMAND PHONE (Trave	el Coordinator POC/for fund cite):	
Only <u>active duty</u> and <u>civilian service</u> funding covers per diem/transpor miles (one-way) to the conference,	ce personnel are eligible for TMAR TAD/TDY tation expenses only for participants (within T, and requiring overnight lodging.	funding. If approved, TMAR TAD/TDY FMAR) traveling a distance greater than 50
	TION: (PLEASE NOTE: Only one vehicle per at). If using a rental vehicle, please indicate if yo	
*Please make every attempt podriving POVs will do so at their	ossible to obtain a Government Vehicle. I ir own expense.	POVs will not be authorized and those
GOVERNMENT VEH	HICLERENTAL VECHIL	E
DRIVER	PASSENGER	
LODGING: In accordance wit	th BOQ requirements, TMAR will make y	your reservation.
Please provide: Date of A	rrival:	Date of Departure:
DRESS: Military: Normal Du	aty Uniform, Civilians: Business Casual	
Signature of Traveler:	ENCLOSURE (*)	
	upervisor: (include phone#)	

POPULATION HEALTH CASE MANAGEMENT STANDARDS TRAINING AND WORKGROUP SESSIONS

24 February – 25 February 2004

QUOTA OF ATTENDEES FUNDED BY TMAR

MITT	TT 141.	Case	Dhamaaay	Total
MTFs	Health Promotion	Management / UM Coordinators	Pharmacy	Quota
Naval Medical	2	7	2	11
Center Portsmouth				
1 st Medical Group	2	2	2	6
Langley AFB				
McDonald Army	2	2	2	6
Community Hospital				
FT Eustis				
Kenner Army	2	2	2	6
Health Clinic				
FT Lee				
Womack Army	2	5	2	9
Medical Center				
FT Bragg				
Naval Hospital	2	2	2	6
Camp Lejeune				
Naval Hospital	2	2	2	6
Cherry Point				
43 rd Medical Group	2	2	2	6
Pope AFB				